No. W 42577	Due no later than Sep 30, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		STEPHEN BR				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. STEPHEN BROCKBANK, O.D., LLC STEPHEN R BROCKBANK 3510 12TH ST STE 400		1000 CONTROL C	3510 12TH ST STE 400 LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			LEWISTON II				
	LEWISTON ID 83501		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER STEPHEN BROCKBANK 3510 12TH ST ST		3510 12TH ST STE 400	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
UT	Signature: Ste		Date: 08/18/2009				
W 42577	Name (type or		Title: Manager				
Processed 08/18/2009	* Electronically provided signatures are accepted as original signatures.						